Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

"Let me choose my COVID-19 vaccine"

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To the editor,

In the first half of 2021, many millions of Europeans will be offered vaccination against SARS -CoV-2. Four vaccines, two mRNA-based vaccines (Pfizer-BioNTech and NIH-Moderna) and two non-replicating viral vector-based vaccines (Oxford-AstraZeneca and Janssen) will likely be available through national health services (NHS). Should citizens accept the vaccine provided by their NHS or should they have the option of selecting the vaccine of their choice?

Vaccine hesitancy is a worrying trend [1]. Government campaigns are needed to inform and persuade their citizens on the need for vaccination. Regulators will ensure transparency with free and open access to the information which formed the basis for their approvals [2,3]. Although an individual's decision to be vaccinated will be voluntary, the choice of vaccine they receive will not. The paternalistic physician/patient relationship has been replaced long ago by a patient-centered approach in which values and preferences of patients are critical for therapeutic decisions [4,5]. However, this model has generally not been applied for the deployment of either pediatric or adult vaccines, where parents and individuals are expected to accept the paternalistic approach of governments and whichever vaccine is provided by the NHS. This is because vaccines are usually purchased through public tenders by which governments buy the most cost-effective vaccine fulfilling certain specifications. But this will not be the case for COVID-19 with the availability of several distinctly different vaccines.

Considerable anxiety and fear prevail with significant adverse impact of COVID-19 on mortality, mental well-being and the economy of the population; therefore, whenever possible, a flexible individual-centric approach could be undertaken. Participation of the individual in the decision-making process will only help to enhance trust and diminish vaccine hesitancy. Vaccine efficacy, safety, platform type, number of shots, and price paid by the state [6] could all be relevant factors influencing choice for many people. In this respect, it would be reasonable that individuals who are aware that, for instance, a specific vaccine has not had sufficient time to generate efficacy data in a given population group —as happens with the AstraZeneca vaccine in older adults (≥56-year-old individuals) [7]— could have the chance to be vaccinated with a different vaccine that has provided sufficient efficacy data [8,9]. We recognize the operational complexity of such an approach for vaccine deployment and administration, but if the aim is to vaccinate the vast majority of citizens [10], perhaps offering flexibility towards individual autonomy will help facilitate this objective.

We suggest a flexible approach where most of the population will be offered and probably accept the vaccine provided by the NHS. However, when possible and as a respect for individual values and preferences, any citizen should be entitled to discuss their preferred vaccine with the healthcare provider. This would enhance public confidence and likely increase vaccine uptake, which should be the goal of any vaccination campaign.

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